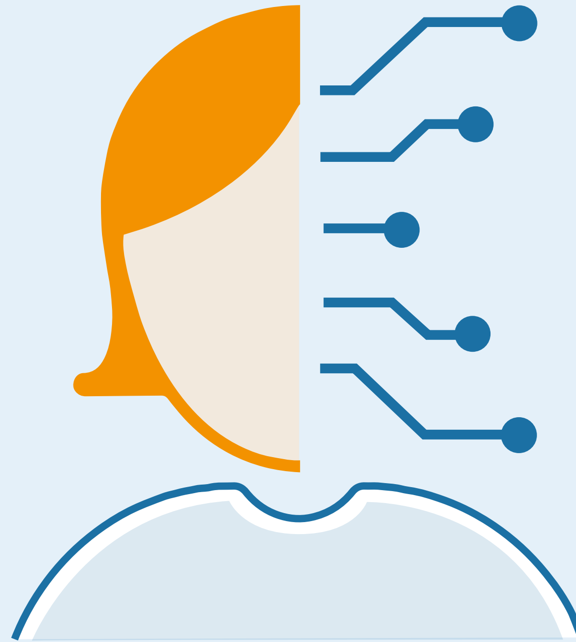


# Sharing intelligence and collaborating with partners

The UK's health services are currently facing major challenges with significant implications for doctors and patients. We recognise some of these issues can only be tackled effectively by working closely with other regulators and healthcare organisations, and by speaking out when systemic issues put patient safety at risk.

We currently collaborate on a range of themes including legislation, harm reduction and data sharing to help inform wider workforce strategies. We also work with our partners to support and promote patient safety and good medical practice. And we make our voice heard when our data reveals significant problems existing or likely to emerge in the UK's healthcare systems.

We also seek to streamline our communications with stakeholders to avoid unnecessary duplication. For instance, in 2017 our Northern Ireland office held a single event to update stakeholders on a number of medical education developments. It meant that instead of having to go to a range of events, participants attended just one and were able to speak to us about many different issues on the same day.

The case studies in this section show how we have worked with our partners to promote safe practice, highlight key issues affecting the UK's healthcare systems, and aid coordinated workforce planning. In the process we believe we are helping to highlight emerging concerns – in medicine and the wider healthcare system.

## How data sharing can support collaboration

We hold a wealth of data about doctors and the organisations where they work. We are committed to sharing this information and our insights on this data with others to improve patient care and influence workforce planning.

In 2017 we launched two major data products that aim to improve collaboration with our users and regulatory partners.

GMC Data Explorer,[15] available on our website, allows users to find answers to their questions quickly and reliably without having to complete a request form or wait for a response.

The new tool, which is updated daily, offers instant information on the make-up of the medical register, revalidation, doctors' training and fitness to practise.

15 See www.gmc-uk.org/about/what-we-do-and-why/data-and-research/gmc-data-explorer

We have also created data dashboards – offering information on a more restricted and confidential basis – for responsible officers and regulators.

The designated body dashboard for responsible officers provides secure data on revalidation, fitness to practise and the national training survey within their own organisation. The dashboard for regulators and healthcare improvement organisations provides similar information for regulatory bodies within their area of responsibility.

Our office in Wales has also set up an information sharing agreement with Healthcare Inspectorate Wales (HIW) enabling us to share information from our register relating to education, revalidation and fitness to practise. This helps to inform an overall view about the healthcare systems in Wales. We also anonymously share qualitative feedback from doctors and doctors in training that we meet as part of our engagement programme across Wales, which enables HIW to triangulate their own inspection data from a number of different perspectives.

## UKMED – the database that is boosting workforce planning

We have been helping to run a ground-breaking data programme allowing researchers to track cohorts of doctors from entry into medical school to postgraduate training and practice. In the process we and our partners are learning more than ever before about doctors' career choices and progression.

The programme – the UK Medical Education Database (UKMED)[16] – has the potential to improve standards, aid workforce planning and support the regulation of medical education.

UKMED pulls together a range of information on the performance of UK medical students and doctors in training across their education and future career. It is the first time that undergraduate and postgraduate data has been brought together in this way.

By linking information, such as assessment results, UKMED aims to highlight doctors' pathways through their school, university and subsequent career. It also offers workforce planners much richer data on doctors' movements and patterns of work than ever before.

The UKMED data has, for instance, enabled NHS Education for Scotland (NES) to understand better the crucial link between the home country of the entrant and their retention in the NHS Scotland workforce. 'This would not have been possible without UKMED,' said Dr Colin Tilley from NES.

16 See www.ukmed.ac.uk

In future, UKMED could also enable us to analyse schools' and colleges' selection techniques and the effectiveness of different educational interventions.

We worked with partners in graduate and postgraduate education and beyond to create the UKMED database. The information produced is accessed through a secure research environment.

## *The state of medical education and practice in the UK* report – pointing the way forward

Our 2017 report into the state of medical education and practice[17] in the UK has highlighted a number of challenges facing the medical workforce against a backdrop of ever-rising demand for health care.

The report, which draws on information on our register about doctors and medical students working and training in the UK, and complaints about doctors, says the medical workforce has reached a 'crunch' point. It identifies a number of trends that could make the situation worse if they are not addressed as a matter of urgency.

These include:

- the supply of new doctors into the UK has not kept pace with changes in demand
- dependence on non-UK qualified doctors has grown in some specialties
- the UK is at risk of becoming less attractive to overseas doctors to work, with 6,000 fewer non-UK doctors on the register compared with six years ago
- the pressure on doctors in training is continuing, with 41% reporting workloads that were heavy or very heavy and 22% reporting a lack of sleep.

The report calls for a concerted effort to maintain the supply of good doctors. To do this the workforce must evolve to meet the changing needs of patients, workplace culture has to improve and employers must reduce the burden on doctors wherever possible.

17 See www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk

We welcome the regulator's recognition that the NHS is in the midst of a workforce crisis and that decisions made today will have a significant impact on what the health service and patient care will look like in 20 years' time. ”

**Dr Chaand Nagpaul, BMA Council Chair.**

We are taking steps to meet this challenge, including supporting NHS England's drive to recruit more GPs from abroad, allowing easier movement between postgraduate specialties and streamlining our fitness to practise investigations.

But making sure we have the right number of doctors with the right skills in the right places for patients can only be achieved in conjunction with partner organisations and the our health services as a whole.

The information and recommendations in our report should feed into these wider workforce strategies. For example, the NHS' employer and provider bodies in England have both welcomed the report which would, they said, help to inform the Health Education England's workforce strategy.

## Where our doctors come from - source of licensed doctors on the register, from 2012 to 2017

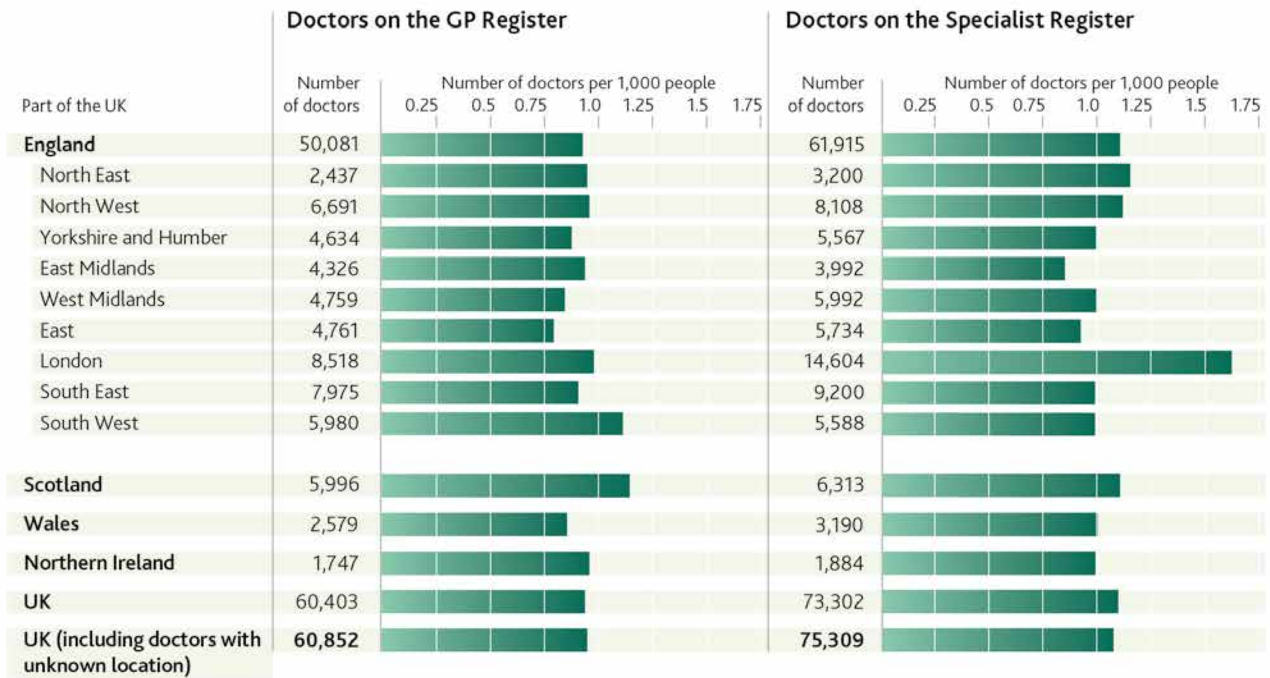
| | 2012 | | | 2017 | |
|---|---|---|---|---|---|
| | % total | Number of doctors | **% change** | % total | Number of doctors |
| **GRADUATES** | | | | | |
| **ALL** | 100% | 232,250 | 1.9% | 100% | 236,732 |
| **UK** | 63% | 147,354 | 7.3% | 67% | 158,121 |
| **EEA** | 10% | 22,967 | -5.9% | 9% | 21,609 |
| **IMGs** | 27% | 61,929 | -8.0% | 24% | 57,002 |

## Place of primary medical qualification and ethnicity of licensed doctors in the ten largest specialty groups in 2017 and change, from 2012 to 2017

| | PLACE OF PRIMARY MEDICAL QUALIFICATION | | | | Total % BME | CHANGE DURING 2012–17 | | |
|---|---|---|---|---|---|---|---|---|
| | UK | EEA | IMGs | Non-UK graduate | | Overall | Non-UK graduates | BME |
| **MEDICINE** | | | | | | | | |
| All | 12,762 | 2,531 | 4,074 | 6,605 | | ▲ 16% | ▲ 23% | ▲ 38% |
| % BME | 20% | 7% | 88% | 57% | 33% | | | |
| **SURGERY** | | | | | | | | |
| All | 8,092 | 2,602 | 2,788 | 5,390 | | ▲ 8% | ▲ 4% | ▲ 27% |
| % BME | 20% | 6% | 86% | 48% | 31% | | | |
| **ANAESTHETICS AND INTENSIVE CARE** | | | | | | | | |
| All | 6,535 | 1,292 | 2,277 | 3,569 | | ▲ 7% | — 0% | ▲ 28% |
| % BME | 12% | 5% | 84% | 57% | 28% | | | |
| **PSYCHIATRY** | | | | | | | | |
| All | 4,452 | 978 | 2,666 | 3,644 | | ▼ -1% | ▲ 6% | ▲ 21% |
| % BME | 15% | 6% | 86% | 65% | 37% | | | |
| **RADIOLOGY** | | | | | | | | |
| All | 3,748 | 782 | 1,131 | 1,913 | | ▲ 9% | ▲ 8% | ▲ 23% |
| % BME | 22% | 8% | 86% | 54% | 33% | | | |
| **PAEDIATRICS** | | | | | | | | |
| All | 2,999 | 744 | 1,856 | 2,600 | | ▲ 16% | ▲ 22% | ▲ 35% |
| % BME | 16% | 7% | 89% | 66% | 40% | | | |
| **OBSTETRICS AND GYNAECOLOGY** | | | | | | | | |
| All | 1,730 | 545 | 1,594 | 2,139 | | ▲ 8% | ▲ 12% | ▲ 26% |
| % BME | 17% | 9% | 91% | 71% | 47% | | | |
| **PATHOLOGY** | | | | | | | | |
| All | 1,669 | 415 | 885 | 1,300 | | ▼ -5% | ▲ 1% | ▲ 11% |
| % BME | 14% | 6% | 80% | 58% | 34% | | | |
| **EMERGENCY MEDICINE** | | | | | | | | |
| All | 1,561 | 150 | 380 | 530 | | ▲ 25% | ▲ 26% | ▲ 42% |
| % BME | 13% | 7% | 88% | 65% | 27% | | | |
| **OPHTHALMOLOGY** | | | | | | | | |
| All | 1,157 | 547 | 526 | 1,073 | | ▲ 9% | ▲ 12% | ▲ 30% |
| % BME | 31% | 5% | 86% | 45% | 37% | | | |
| **PUBLIC HEALTH** | | | | | | | | |
| All | 852 | 78 | 153 | 231 | | ▼ -19% | ▼ -18% | ▼ -2% |
| % BME | 14% | 5% | 82% | 57% | 24% | | | |

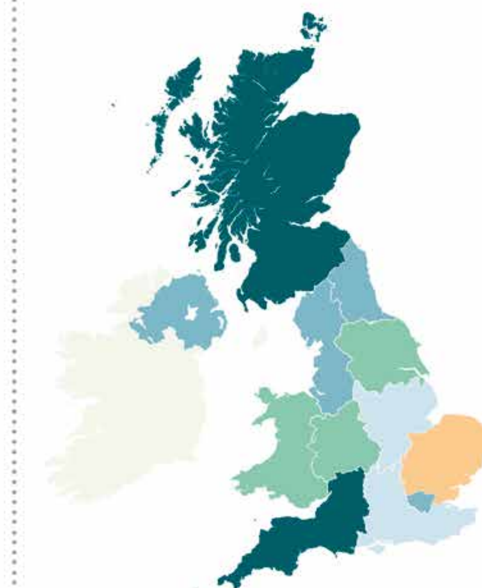
The percentage of BME doctors is calculated as a percentage of only doctors who disclosed their ethnicity.
Doctors whose ethnicity is 'not recorded' as not included in these percentages, but are included in the total figures.

## Number of different types of licensed doctors relative to the population by country and region in 2017

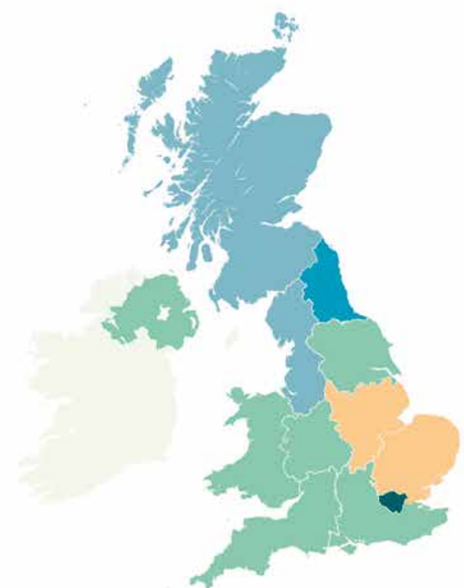


| Part of the UK | Doctors on the GP Register: Number of doctors | Doctors on the Specialist Register: Number of doctors |
|---|---|---|
| **England** | 50,081 | 61,915 |
| North East | 2,437 | 3,200 |
| North West | 6,691 | 8,108 |
| Yorkshire and Humber | 4,634 | 5,567 |
| East Midlands | 4,326 | 3,992 |
| West Midlands | 4,759 | 5,992 |
| East | 4,761 | 5,734 |
| London | 8,518 | 14,604 |
| South East | 7,975 | 9,200 |
| South West | 5,980 | 5,588 |
| **Scotland** | 5,996 | 6,313 |
| **Wales** | 2,579 | 3,190 |
| **Northern Ireland** | 1,747 | 1,884 |
| **UK** | 60,403 | 73,302 |
| **UK (including doctors with unknown location)** | **60,852** | **75,309** |

Index of the proportion of GPs per population relative to UK average of 100



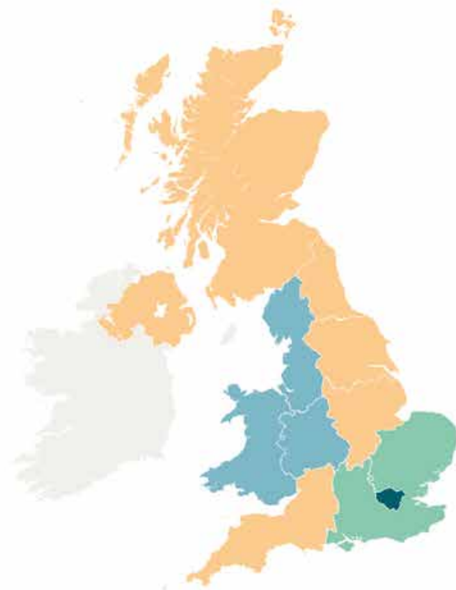
Index of the proportion of specialists per population relative to UK average of 100



| Part of the UK | Doctors not on the GP or Specialist Register: Number of doctors | Doctors in training: Number of doctors |
|---|---|---|
| **England** | 34,201 | 49,616 |
| North East | 1,251 | 2,509 |
| North West | 4,458 | 7,601 |
| Yorkshire and Humber | 2,669 | 4,831 |
| East Midlands | 2,310 | 3,490 |
| West Midlands | 3,595 | 4,285 |
| East | 3,474 | 4,015 |
| London | 8,865 | 10,878 |
| South East | 5,109 | 7,271 |
| South West | 2,470 | 4,736 |
| **Scotland** | 2,364 | 5,441 |
| **Wales** | 1,888 | 2,385 |
| **Northern Ireland** | 881 | 1,666 |
| **UK** | 39,334 | 59,108 |
| **UK (including doctors with unknown location)** | **42,631** | **59,194** |

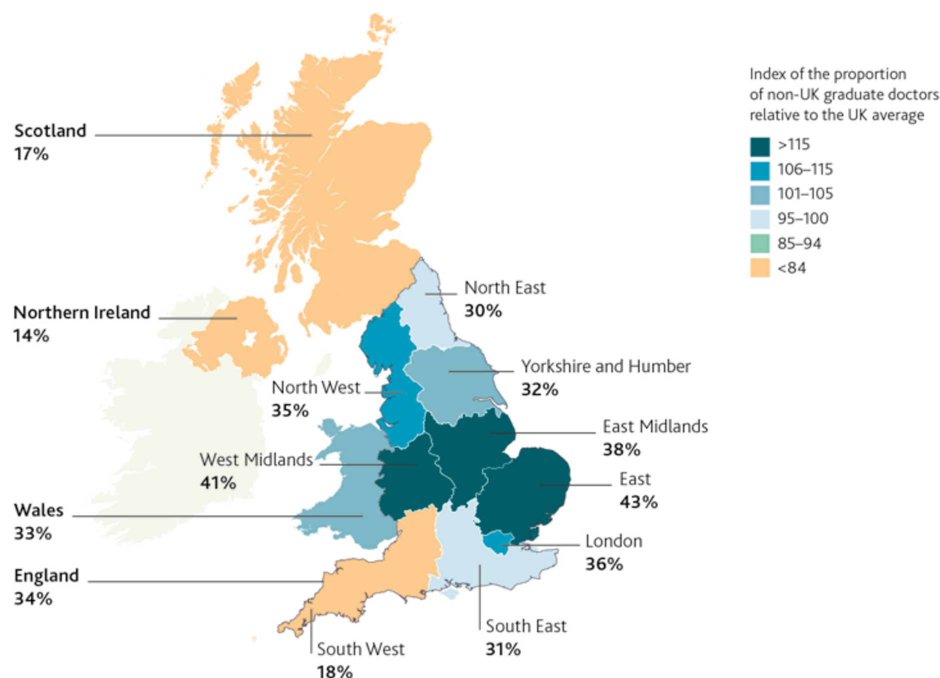
Number of doctors per 1,000 people: 0.25 0.5 0.75 1.0 1.25 1.5 1.75

Index of the proportion of doctors on neither register per population relative to UK average of 100



Index of the proportion of doctors in training per population relative to UK average of 100

## Proportion of licensed doctors who are non-UK graduates by country and region in 2017




We plan to use our data, intelligence and horizon scanning capabilities to greater effect so we can better understand emerging risks and act to support doctors in maintaining high standards of practice. As our case studies demonstrate, close collaboration with our partners will be crucial if we are to share this intelligence where it is needed most – and so respond to workforce and healthcare pressures.

Over the next three years we will:

- implement our transformation programme which will provide us with greater capability and agility to identify and act upon emerging issues
- share more of our data and intelligence with others – and they with us – to contribute to a fuller understanding of, and response to, risk and trends across the health systems
- encourage better coordination of activity among regulators to develop targeted addressing of concerns such as bullying at work or health and wellbeing issues
- complete the implementation of our digital transformation to deliver content and products, including improvements to our website, that meet the needs of those we work with and for.